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| <b>UTILITY PATENT APPLICATION TRANSMITTAL</b><br>(For new nonprovisional applications under 37 CFR 1.53(b))  |  | Attorney Docket No. <b>FA1216 US NA</b><br>First Named Inventor or Application Identifier<br><b>Phui Qui Nguyen</b> |
| <b>"EXPRESS MAIL CERTIFICATE"</b><br>"EXPRESS MAIL" MAILING LABEL NUMBER <u>ER 430765683 US</u> DATE OF DEPOSIT: <u>November 25, 2003</u><br>I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.<br>NAME OF PERSON MAILING PAPER OR FEE<br>(TYPE OR PRINT) <u>Jeannette Y. Rayfield</u> SIGNATURE <u>Jeannette Y. Rayfield</u> |  |   |

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| <b>APPLICATION ELEMENTS</b><br><i>See MPEP chapter 600 concerning utility patent application contents.</i>   |   | 9. <input checked="" type="checkbox"/> The Title of the Invention:<br><b>Process For Multi-Layer Coating Of Substrates</b> |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. <u>04-1928</u> .<br><input checked="" type="checkbox"/> General Authorization to charge any and all fees under 37 CFR 1.16 or 1.17, including petitions for extensions of time, relating to this application. (37 CFR 1.136(a)(3))<br>(Submit an original, and a duplicate for fee processing)<br>2. <input type="checkbox"/> A Check in the Amount of \$ _____ is enclosed<br><input type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required and credit any overpayment to Deposit Account <u>04-1928</u> . | 10. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br>a. <input type="checkbox"/> Computer Readable Copy<br>b. <input type="checkbox"/> Paper Copy (identical to computer copy)<br>c. <input type="checkbox"/> Statement verifying identity of above copies<br>d. <input type="checkbox"/> Use the identical computer-readable form filed in Application No. _____, filed _____ as the computer-readable form for the instant application. (37 CFR 1.821(e))             |  |
| 3. <input checked="" type="checkbox"/> The total fee is calculated as shown below:<br>Basic Filing fee \$ 770.00<br>Total Claims 10 - 20 = 0 x \$18 \$ 0.00<br>Independent Claims 1 - 3 = 0 x \$86 \$ 0.00<br><input type="checkbox"/> Multiple Dependent Claim present \$ 0.00<br><b>TOTAL FILING FEE \$ 770.00</b><br><input type="checkbox"/> Reduction by 50% for filing by Small Entity \$ _____<br><input type="checkbox"/> Cancel in this application original claims to _____ of the prior application before calculating the filing fee.<br>Charge \$ _____ to the above indicated Deposit Account.   | <b>ACCOMPANYING APPLICATION PARTS</b><br>11. a. <input type="checkbox"/> Information Disclosure Statement (IDS)<br>b. <input checked="" type="checkbox"/> Form PTO-1449<br>c. <input checked="" type="checkbox"/> Copies of all IDS Citations<br>12. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))<br>13. <input type="checkbox"/> Prior Application is Assigned to:<br><u>E.I. du Pont de Nemours and Company</u><br>(for continuation/divisional with Box 20a completed) |  |
| 4. <input checked="" type="checkbox"/> Specification excluding Drawings [Total Pages] <u>23</u><br>5. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets] _____  | 14. <input type="checkbox"/> Preliminary Amendment<br>15. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)   |  |
| 6. <input checked="" type="checkbox"/> Declaration and Power of Attorney [Total Pages] <u>6</u><br>a. <input type="checkbox"/> Newly executed (original or copy)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 19a completed)<br>c. <input checked="" type="checkbox"/> Unsigned Declaration<br>[Note Box 6 below]<br>i. <input type="checkbox"/> DELETION OF INVENTOR(S)<br>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).  | 16. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)<br>17. <input type="checkbox"/> Transfer all references cited by Applicants or by the Examiner from the parent Application Serial No. filed_. A PTO-1449 listing the references is enclosed.<br>18. <input type="checkbox"/> Applicant Claims Small Entity Status<br>19. <input type="checkbox"/> Other : _____   |  |
| 7. <input checked="" type="checkbox"/> Application Data Sheet 37 CFR 1.76<br>8. <input type="checkbox"/> Incorporation By Reference (useable if Box 6b is checked)<br>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 6b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.  |   |  |

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| 20. Priority Information, check appropriate box and supply the requisite information<br>a The accompanying application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP)<br>Of prior application No: filed _____<br>Examiner: _____ Group/Art: _____ |  |
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| 21. CORRESPONDENCE ADDRESS<br><input checked="" type="checkbox"/> Customer Number: <u>23906</u><br>Address <u>E.I. du Pont de Nemours and Company</u><br>Telephone (302) 984-6058 Fax (302) 658-1192 | 22. RESPECTFULLY SUBMITTED,<br>Signature <u>Hilmar L. Fricke</u><br>Name <u>Hilmar L. Fricke</u><br>Date <u>November 25, 2003</u><br>Registration No. <u>22,384</u> |
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| 23.                      | The Power of Attorney in the Prior Application includes: _____    |
| <input type="checkbox"/> | Recognize as Associate Attorney: _____                            |
|                          | Attorney _____ Registration No. _____                             |
|                          | and address future correspondence to same as indicated in Box 21. |

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| The invention was made by an agency of the U. S. Government or under a contract with an agency of the U. S. Government. |  |
| <input checked="" type="checkbox"/>   | No.  |
| <input type="checkbox"/>  | Yes, the name of the U.S. Government agency and the Government contract number are: _____. |

*(preferred arrangement of specification set forth below)*

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings *(if filed)*
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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| <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="margin: 5px 0 0 40px;"><i>Patent fees are subject to annual revision.</i></p> |  | <p style="text-align: right; margin: 0;"><b>Complete if Known</b></p> |                   |
| <input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27  |  | Application Number  | Unknown           |
| <b>TOTAL AMOUNT OF PAYMENT</b> (\$) 770.00  |  | Filing Date   | November 25, 2003 |
|   |  | First Named Inventor  | Phui Qui Nguyen   |
|   |  | Examiner Name   | Unknown           |
|   |  | Group / Art Unit  | Unknown           |
|   |  | Attorney Docket No.   | FA1216 US NA      |

| METHOD OF PAYMENT (check all that apply)  |                          | FEE CALCULATION (continued)   |                   |  |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
|---|--------------------------|---|-------------------|--|----------|-----------------|----------|-----------------|----------|----------|----------|----------|-------------------|---|-----|-----------|----------------|--------------------|-----|-------------------------------------|-----|------|-----|-------------------|----|--|-----|------|-----|------------------|-----|---------------------------|-----|------|-------|--------------------|-------|--|-----|------|------|------------------------|------|--|--|------|--------|------|--------|---|--|--------------|-----|-------|----|--|---|------|-----|------|--------------------|---|------|------|-----|------|-----|--|---|--------------------|--------------------------|------|-----|---|---|------|-------|------|--------------|--|--------------|------|-----------------|----------|----------|------------------|----------|----------|-----|------|------|--|------|------|------------------------|------|------|--------------------------|------|------|-----------------------------------|------|-------|---|------|------|---------------------------------------|------|------|----------------------------------|------|------|--|------|------|------------------------------------|------|------|--|------|-------------------------------|--------------------------------|--|------|-----|------|-----|------------------|--|------|-----|------|-----|-----------------|--|------|-----|------|-----|-------------------------------|--|------|----|------|----|-------------------------------------|--|------|-----|------|-----|---|--|------|----|------|----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|--|--|------|-----|------|-----|---|--|------|-----|------|-----|---|--|---------------------------|--|--|--|--|--|
| <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None<br><br><input checked="" type="checkbox"/> Deposit Account:<br><div style="margin-left: 20px;">           Deposit Account Number: <span style="border: 1px solid black; padding: 2px 20px;">04-1928</span><br/><br/>           Deposit Account Name: <span style="border: 1px solid black; padding: 2px 40px;">E. I. du Pont de Nemours and Company</span> </div> <p style="margin-top: 10px;">The Commissioner is authorized to: (check all that apply)</p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account   |                          | <h3 style="margin: 0;">3. ADDITIONAL FEES</h3> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; border-bottom: 1px solid black;">Large Entity</th> <th colspan="2" style="text-align: left; border-bottom: 1px solid black;">Small Entity</th> <th style="text-align: left; border-bottom: 1px solid black;">Fee Description</th> <th style="text-align: left; border-bottom: 1px solid black;">Fee Paid</th> </tr> <tr> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>1453</td><td>1,330</td><td>2453</td><td>665</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>1501</td><td>1,330</td><td>2501</td><td>665</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>1502</td><td>480</td><td>2502</td><td>240</td><td>Design issue fee</td><td></td></tr> <tr><td>1503</td><td>640</td><td>2503</td><td>320</td><td>Plant issue fee</td><td></td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>1809</td><td>770</td><td>2809</td><td>385</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>1810</td><td>770</td><td>2810</td><td>385</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>1801</td><td>770</td><td>2801</td><td>385</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6" style="padding-top: 10px;">Other fee (specify) _____</td></tr> </tbody> </table> |                   | Large Entity   |          | Small Entity    |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$)          |   |     | 1051      | 130            | 2051               | 65  | Surcharge - late filing fee or oath |     | 1052 | 50  | 2052              | 25 | Surcharge - late provisional filing fee or cover sheet |     | 1053 | 130 | 1053             | 130 | Non-English specification |     | 1812 | 2,520 | 1812               | 2,520 | For filing a request for reexamination |     | 1804 | 920* | 1804                   | 920* | Requesting publication of SIR prior to Examiner action |  | 1805 | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action   |  | 1251         | 110 | 2251  | 55 | Extension for reply within first month |   | 1252 | 420 | 2252 | 210                | Extension for reply within second month |      | 1253 | 950 | 2253 | 475 | Extension for reply within third month |   | 1254               | 1,480                    | 2254 | 740 | Extension for reply within fourth month |   | 1255 | 2,010 | 2255 | 1,005        | Extension for reply within fifth month |              | 1401 | 330             | 2401     | 165      | Notice of Appeal |          | 1402     | 330 | 2402 | 165  | Filing a brief in support of an appeal |      | 1403 | 290                    | 2403 | 145  | Request for oral hearing |      | 1451 | 1,510                             | 1451 | 1,510 | Petition to institute a public use proceeding |      | 1452 | 110                                   | 2452 | 55   | Petition to revive - unavoidable |      | 1453 | 1,330  | 2453 | 665  | Petition to revive - unintentional |      | 1501 | 1,330  | 2501 | 665                           | Utility issue fee (or reissue) |  | 1502 | 480 | 2502 | 240 | Design issue fee |  | 1503 | 640 | 2503 | 320 | Plant issue fee |  | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner |  | 1807 | 50 | 1807 | 50 | Processing fee under 37 CFR 1.17(q) |  | 1806 | 180 | 1806 | 180 | Submission of Information Disclosure Stmt |  | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) |  | 1809 | 770 | 2809 | 385 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 1810 | 770 | 2810 | 385 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 1801 | 770 | 2801 | 385 | Request for Continued Examination (RCE) |  | 1802 | 900 | 1802 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  |
| Large Entity  |                          | Small Entity  |                   | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| Fee Code  | Fee (\$)                 | Fee Code  | Fee (\$)          |  |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1051  | 130                      | 2051  | 65                | Surcharge - late filing fee or oath  |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1052  | 50                       | 2052  | 25                | Surcharge - late provisional filing fee or cover sheet                     |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1053  | 130                      | 1053  | 130               | Non-English specification  |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1812  | 2,520                    | 1812  | 2,520             | For filing a request for reexamination                                     |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1804  | 920*                     | 1804  | 920*              | Requesting publication of SIR prior to Examiner action                     |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1805  | 1,840*                   | 1805  | 1,840*            | Requesting publication of SIR after Examiner action                        |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1251  | 110                      | 2251  | 55                | Extension for reply within first month                                     |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1252  | 420                      | 2252  | 210               | Extension for reply within second month                                    |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1253  | 950                      | 2253  | 475               | Extension for reply within third month                                     |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1254  | 1,480                    | 2254  | 740               | Extension for reply within fourth month                                    |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1255  | 2,010                    | 2255  | 1,005             | Extension for reply within fifth month                                     |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1401  | 330                      | 2401  | 165               | Notice of Appeal   |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1402  | 330                      | 2402  | 165               | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1403  | 290                      | 2403  | 145               | Request for oral hearing   |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1451  | 1,510                    | 1451  | 1,510             | Petition to institute a public use proceeding                              |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1452  | 110                      | 2452  | 55                | Petition to revive - unavoidable   |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1453  | 1,330                    | 2453  | 665               | Petition to revive - unintentional   |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1501  | 1,330                    | 2501  | 665               | Utility issue fee (or reissue)   |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1502  | 480                      | 2502  | 240               | Design issue fee   |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1503  | 640                      | 2503  | 320               | Plant issue fee  |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1460  | 130                      | 1460  | 130               | Petitions to the Commissioner  |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1807  | 50                       | 1807  | 50                | Processing fee under 37 CFR 1.17(q)  |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1806  | 180                      | 1806  | 180               | Submission of Information Disclosure Stmt                                  |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 8021  | 40                       | 8021  | 40                | Recording each patent assignment per property (times number of properties) |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1809  | 770                      | 2809  | 385               | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1810  | 770                      | 2810  | 385               | For each additional invention to be examined (37 CFR § 1.129(b))           |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1801  | 770                      | 2801  | 385               | Request for Continued Examination (RCE)                                    |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1802  | 900                      | 1802  | 900               | Request for expedited examination of a design application                  |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| Other fee (specify) _____   |                          |   |                   |  |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| <h3 style="margin: 0;">1. BASIC FILING FEE</h3> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left; border-bottom: 1px solid black;">Large Entity</th> <th colspan="2" style="text-align: left; border-bottom: 1px solid black;">Small Entity</th> <th style="text-align: left; border-bottom: 1px solid black;">Fee Description</th> <th style="text-align: left; border-bottom: 1px solid black;">Fee Paid</th> </tr> <tr> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>1001</td><td>770</td><td>2001</td><td>385</td><td>Utility filing fee</td><td>770</td></tr> <tr><td>1002</td><td>340</td><td>2002</td><td>170</td><td>Design filing fee</td><td></td></tr> <tr><td>1003</td><td>530</td><td>2003</td><td>265</td><td>Plant filing fee</td><td></td></tr> <tr><td>1004</td><td>770</td><td>2004</td><td>385</td><td>Reissue filing fee</td><td></td></tr> <tr><td>1005</td><td>160</td><td>2005</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="6" style="text-align: right; padding-top: 10px;"><b>SUBTOTAL (1)</b> (\$) 770</td></tr> </tbody> </table> |                          | Large Entity  |                   | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) |          |                   | 1001  | 770 | 2001      | 385            | Utility filing fee | 770 | 1002                                | 340 | 2002 | 170 | Design filing fee |    | 1003   | 530 | 2003 | 265 | Plant filing fee |     | 1004                      | 770 | 2004 | 385   | Reissue filing fee |       | 1005                                   | 160 | 2005 | 80   | Provisional filing fee |      | <b>SUBTOTAL (1)</b> (\$) 770                           |  |      |        |      |        | <h3 style="margin: 0;">2. EXTRA CLAIM FEES</h3> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Total Claims</td> <td style="width: 10%; border: 1px solid black;">10</td> <td style="width: 10%;">-20**</td> <td style="width: 10%; border: 1px solid black;">=</td> <td style="width: 10%; border: 1px solid black;">0</td> <td style="width: 10%;">X</td> <td style="width: 10%; border: 1px solid black;">18</td> <td style="width: 10%;">=</td> <td style="width: 10%; border: 1px solid black;">0</td> </tr> <tr> <td>Independent Claims</td> <td style="border: 1px solid black;">1</td> <td style="border: 1px solid black;">-3**</td> <td style="border: 1px solid black;">=</td> <td style="border: 1px solid black;">0</td> <td style="border: 1px solid black;">X</td> <td style="border: 1px solid black;">86</td> <td style="border: 1px solid black;">=</td> <td style="border: 1px solid black;">0</td> </tr> <tr> <td>Multiple Dependent</td> <td style="border: 1px solid black;"><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td style="border: 1px solid black;">X</td> <td style="border: 1px solid black;">290</td> <td style="border: 1px solid black;">=</td> <td style="border: 1px solid black;">0</td> </tr> </table> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="2" style="text-align: left; border-bottom: 1px solid black;">Large Entity</th> <th colspan="2" style="text-align: left; border-bottom: 1px solid black;">Small Entity</th> <th style="text-align: left; border-bottom: 1px solid black;">Fee Description</th> <th style="text-align: left; border-bottom: 1px solid black;">Fee Paid</th> </tr> <tr> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th style="text-align: left;">Fee Code</th> <th style="text-align: left;">Fee (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="6" style="text-align: right; padding-top: 10px;"><b>SUBTOTAL (2)</b> (\$) 0.00</td></tr> </tbody> </table> <p style="margin-top: 10px;">**or number previously paid, if greater; For Reissues, see above</p> |  | Total Claims | 10  | -20** | =  | 0                                      | X | 18   | =   | 0    | Independent Claims | 1                                       | -3** | =    | 0   | X    | 86  | =                                      | 0 | Multiple Dependent | <input type="checkbox"/> |      |     |   | X | 290  | =     | 0    | Large Entity |  | Small Entity |      | Fee Description | Fee Paid | Fee Code | Fee (\$)         | Fee Code | Fee (\$) |     |      | 1202 | 18                                     | 2202 | 9    | Claims in excess of 20 |      | 1201 | 86                       | 2201 | 43   | Independent claims in excess of 3 |      | 1203  | 290   | 2203 | 145  | Multiple dependent claim, if not paid |      | 1204 | 86                               | 2204 | 43   | ** Reissue independent claims over original patent |      | 1205 | 18                                 | 2205 | 9    | ** Reissue claims in excess of 20 and over original patent |      | <b>SUBTOTAL (2)</b> (\$) 0.00 |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| Large Entity  |                          | Small Entity  |                   | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| Fee Code  | Fee (\$)                 | Fee Code  | Fee (\$)          |  |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1001  | 770                      | 2001  | 385               | Utility filing fee   | 770      |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1002  | 340                      | 2002  | 170               | Design filing fee  |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1003  | 530                      | 2003  | 265               | Plant filing fee   |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1004  | 770                      | 2004  | 385               | Reissue filing fee   |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1005  | 160                      | 2005  | 80                | Provisional filing fee   |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| <b>SUBTOTAL (1)</b> (\$) 770  |                          |   |                   |  |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| Total Claims  | 10                       | -20**   | =                 | 0  | X        | 18              | =        | 0               |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| Independent Claims  | 1                        | -3**  | =                 | 0  | X        | 86              | =        | 0               |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| Multiple Dependent  | <input type="checkbox"/> |   |                   |  | X        | 290             | =        | 0               |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| Large Entity  |                          | Small Entity  |                   | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| Fee Code  | Fee (\$)                 | Fee Code  | Fee (\$)          |  |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1202  | 18                       | 2202  | 9                 | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1201  | 86                       | 2201  | 43                | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1203  | 290                      | 2203  | 145               | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1204  | 86                       | 2204  | 43                | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| 1205  | 18                       | 2205  | 9                 | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| <b>SUBTOTAL (2)</b> (\$) 0.00   |                          |   |                   |  |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| <p style="margin: 0;"><b>SUBMITTED BY</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Name (Print/Type)</td> <td style="width: 20%; border-bottom: 1px solid black;">Hilmar L. Fricke</td> <td style="width: 20%; border-bottom: 1px solid black;">Registration No. Attorney/Agent</td> <td style="width: 20%; border-bottom: 1px solid black;">22,384</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature</td> <td colspan="2" style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td></td> <td colspan="2"></td> <td style="border-bottom: 1px solid black;">November 25, 2003</td> </tr> </table>   |                          | Name (Print/Type)   | Hilmar L. Fricke  | Registration No. Attorney/Agent  | 22,384   | Signature       |          |                 | Date     |          |          |          | November 25, 2003 | <p style="text-align: right; margin: 0;"><b>Complete (if applicable)</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">Telephone</td> <td style="width: 60%; border-bottom: 1px solid black;">(302) 984-6058</td> </tr> </table> |     | Telephone | (302) 984-6058 |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| Name (Print/Type)   | Hilmar L. Fricke         | Registration No. Attorney/Agent   | 22,384            |  |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| Signature   |                          |   | Date              |  |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
|   |                          |   | November 25, 2003 |  |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |
| Telephone   | (302) 984-6058           |   |                   |  |          |                 |          |                 |          |          |          |          |                   |   |     |           |                |                    |     |                                     |     |      |     |                   |    |  |     |      |     |                  |     |                           |     |      |       |                    |       |  |     |      |      |                        |      |  |  |      |        |      |        |   |  |              |     |       |    |  |   |      |     |      |                    |   |      |      |     |      |     |  |   |                    |                          |      |     |   |   |      |       |      |              |  |              |      |                 |          |          |                  |          |          |     |      |      |  |      |      |                        |      |      |                          |      |      |                                   |      |       |   |      |      |                                       |      |      |                                  |      |      |  |      |      |                                    |      |      |  |      |                               |                                |  |      |     |      |     |                  |  |      |     |      |     |                 |  |      |     |      |     |                               |  |      |    |      |    |                                     |  |      |     |      |     |   |  |      |    |      |    |  |  |      |     |      |     |   |  |      |     |      |     |  |  |      |     |      |     |   |  |      |     |      |     |   |  |                           |  |  |  |  |  |

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### PROCESS FOR MULTI-LAYER COATING OF SUBSTRATES

Application No.: Unknown  
Filing Date: November 25, 2003  
First Named Inventor: Phui Qui Nguyen et al.  
Group Art Unit: Unknown  
Examiner: Unknown  
Attorney Docket: FA1216 US NA

Fee Transmittal  
Application Data Sheet  
Application – 23 pages  
Form PTO-1449 with references  
Declaration/Power of Attorney (not executed)

Authorization to charge Deposit Account 04-1928  
Receipt Cards